

<b>TELECOMMUTING FACILITY REIMBURSEMENT INFORMATION SHEET</b>	1. REQUEST DATE	2. CONTROL NUMBER(GSA Use only)
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3. AGENCY NAME				4. TELECENTER WORK SITE			
5A. AGENCY CONTACT							
5B. CONTACT TELEPHONE NO.	AREA CODE	PHONE NUMBER	EXT.	5E. CONTACT ADDRESS			
5C. CONTACT FAX NUMBER	AREA CODE	PHONE NUMBER					
5D. E-MAIL							

6. FLEXIBLE WORKPLACE PROGRAM SUMMARY : List fees and usage below (30-days notice is required for fee adjustments related to unused workstation days):

EMPLOYEE NAME	WEEKLY USAGE					MONTHLY COST (\$'S)
	MON	TUE	WED	THU	FRI	

**TOTAL COSTS:**

1) This payment document will be submitted to GSA on an annual basis. 2) The user will give the center director 30-days notice prior to vacating a telecenter or requesting fee adjustments and notify the appropriate user agency personnel. 3) The telecenter director will notify GSA of the use termination by signing in Section 18 and forwarding a copy of this document to GSA, PBS, Business Performance.

CHECK AS APPROPRIATE:		10. REQUESTED SERVICE DATES:		13A. FED CODE	13B. BUREAU CODE		
<input type="checkbox"/>	7. New User	A. START:		14A. AGENCY FINANCE BILLING ADDRESS			
<input type="checkbox"/>	8. Amendment	B. COMPLETION:					
9A. BILLING TYPE		9B. BILLING TERMS		11. AGENCY CERT. AMT.			
12A. AGENCY LOCATION CODE		12B. AGENCY ID #		12C. FUND CODE			
12D. AGENCY ACCOUNTING DATA: (LIMITED TO 60 CHARACTERS)				16A. CREDIT CARD NUMBER		16B. EXP. DATE	
				16C. TYPE OF CARD (i.e., VISA)		16D. CARD HOLDER NAME (TYPE OR PRINT)	
15A. CERTIFYING OFFICIAL'S SIGNATURE				15B. DATE			
15C. NAME OF SIGNER (Type or Print)				17. CERTIFYING OFFICIAL'S PHONE NUMBER			
		AREA CODE		PHONE NUMBER		EXT.	

18. CENTER DIRECTOR <b>TERMINATION</b> SIGNATURE		(GSA Records) FOR POINT OF SALE TERMINALS ONLY		
		<input type="checkbox"/> A. FINANCE	<input type="checkbox"/> B. PBS	
		SIGNER'S NAME (Type or Print)		25C. DATE

**KEEP A COPY FOR YOUR RECORDS AND FORWARD COPIES TO:**

- 1) **YOUR OBLIGATING/PAYING OFFICE**
- 2) **GSA (Business Performance, 1800 F Street NW, Washington, DC 20405 attn: Penny Einarsen, Room 4333)**
- 3) **Telecenter User**

**Instructions For Completing the Telecommuting Facility Information Sheet**

1. Enter Date of request.
2. Leave Control Number Blank GSA Use Only
3. Enter name of Agency requesting telecenter use.
4. Enter telecenter location name & building #:

**Telecenter Name & Building #'s:**

**MARYLAND**

Calvert County & Charles County  
Hagerstown  
Bowie  
Frederick  
Laurel / Reistertown  
Laurel Lakes

MD0459ZZ Winchester  
MD0460ZZ Spotsylvania  
MD9999ZZ Stafford, Woodbridge  
MD0476ZZ Manassas, George Mason  
MD9992ZZ Herndon  
TBD Fairfax City  
Sterling  
Woodbridge

**VIRGINIA**

VA0547ZZ  
VA0559ZZ  
VA0567ZZ  
VA9999ZZ  
VA9994ZZ  
VA9993ZZ  
VA9992ZZ  
VA0824ZZ

**WEST VIRGINIA**

Jefferson County

WV0213ZZ

- 5a-e. Enter information regarding the individual responsible for agency employee(s) telecenter coordination.
6. Enter a concise statement of workstation used, fees and total projected monthly costs
7. Check if new information sheet.
8. Check if submittal is a modification to an existing AGREEMENT or information sheet.
- 9a. Enter billing type: C = Credit Card
- 9b. Enter billing terms: A = Advance, C = At completion, M = Monthly, Q = Quarterly, T = At Termination, Y = Annually (in arrears),
- 10a-b. Enter agreed upon project start and completion dates.
11. **Enter the total dollar amount approved for funding. Must match GSA's established telecenter fees.**
- 12a. Enter the eight (8) character agency location code. (Treasury Pay-station Designator)
- 12b. Enter the appropriate agency identification number.
- 12c. Enter the appropriate agency fund code.
- 12d. Enter agency accounting information (Limited to 60 characters).
- 13a. Enter the agency Fed Code. 13b. Enter the agency bureau code.
- 14a-d. Enter the appropriate billing address information.
- 15a-c. Enter signature, name and date of agency's authorized representative, certifying the validity of order and the availability of funds.
- 16a. Enter Credit Card Number (Or phone the appropriate GSA official with this information).
- 16b. Enter expiration date
- 16c. Enter type of Card. 16d. Enter Card Holder's name.
17. Enter the certifying official's phone number.
18. Telecenter Director signs here when user vacates workstation and sends copy of Information Sheet to GSA.